

HAULER OF WASTE (Must be filled by hauler)		SPEND RECORDS ONLY				
ASBURY OIL CO.		999000655				
13419 Halldale Ave., Gardena, California 90249		<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				
Phone: (213) 321-1392		CODE NO.				
Pick Up: 6-3-78 (DATE)		Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm				
State Liquid Waste Hauler's Registration No. (if applicable):		15				
Job No.:		No. of Loads or Trips:				
Unit No. 5						
Vehicle: <input checked="" type="checkbox"/> vacuum truck 100 barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other (SPECIFY)						
The described waste was hauled by me to the disposal facility named below and was accepted.						
I certify (or declare) under penalty of perjury that the foregoing is true and correct.						
SIGNATURE OF AUTHORIZED AGENT AND TITLE						

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type): GLS CODE NO.

Site Address: Monterey Park, Calif. 91754

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. \_\_\_\_\_

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): \_\_\_\_\_ CODE NO. \_\_\_\_\_

If waste is held for disposal elsewhere specify final location:

Disposal Date: 6-5-88

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

**BILLING COPY**